DEPARTMENT OF HEALTH SERVICES

7141744 P STREET
⌐⌐). Box 942732
⌐RAMENTO, CA 94234-7320
(916) 654-8076   February 20, 1998

MMCD Policy Letter 98-03

RECEIVED
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M.M.C.

TO: [X]   Geographic Managed Care Plans

            [X]   Prepaid Health Plans

            [X]   Primary Care Case Management Plans

            [X]   Two-Plan Model Plans

SUBJECT: CONVERSION TO NEW ELIGIBILITY REPORTING SYSTEM

GOAL

In the Department of Health Service's efforts to move to a paperless reporting environment and to meet the requirements of the federal Health Insurance Accountability and Portability Act of 1996, Medi-Cal eligibility system changes are being made that will allow for electronic transmission to **Medi-Cal** Health Care Plans **(HCP)** of eligibility files and reports. The purpose of this letter is to advise plans about these changes and the modifications that **HCPs** must make to their systems to accommodate this.

BACKGROUND

Currently, Medi-Cal eligibility and HCP enrollment information for Medi-Cal recipients is recorded and tracked on the statewide Medi-Cal Eligibility Data System (MEDS). MEDS is also the source from which all existing HCP eligibility files and reports are generated. HCP enrollment is recorded on MEDS in a single HCP segment. This HCP segment contains a three digit HCP code and other HCP eligibility information to identify the HCP of enrollment and the enrollment status for the current and past 15 months. The existing HCP eligibility reporting system only recognizes HCP eligibility data posted in this HCP segment. Because of these limitations, special combined HCP plan codes were created so a **Medi-Cal** recipient could be simultaneously enrolled in separate medical and dental health plans. Use of these combined HCP codes created system limitations that restrict the expansion of dental managed care enrollment.

To allow for the creation of various Medi-Cal managed care plan service types (i.e., medical, dental, etc.,), **MEDS/FAME** (Fiscal Intermediary Access to Medi-Cal Eligibility) now contains five HCP segments. The presence of these HCP segments sets the framework for a Medi-Cal recipient to be enrolled in up to five different Medi-Cal managed care plan service types, simultaneously. The basic rule of thumb for populating these HCP segments is that medical plan enrollment, when present, will ALWAYS be posted in the first HCP segment and the nonmedical plan enrollment (i.e., dental) will be posted in the next available (second through fifth) HCP segment.

Because the existing HCP eligibility reporting system only captures data in a single HCP segment, a new HCP reporting system, called the HCP FAME reporting system, is being designed to capture data reported in all five HCP segments. FAME is a subset of MEDS and is recreated when MEDS is updated via the nightly and month-end MEDS update processes. FAME was originally designed to provide Medi-Cal eligibility data to the Medi-Cal Fiscal Intermediary for purposes of Medi-Cal claims adjudication. FAME will be the primary input source for the HCP files and reports generated from the new HCP FAME reporting system.

The HCP eligibility files and reports generated from the HCP FAME reporting system will capture HCP enrollment data posted in the additional MEDS HCP segments (when present), will contain additional **MEDS** data fields and eligibility information not available within the existing reporting system, and will be designed to provide **HCPs** electronic access to the data. The files and reports generated from the HCP FAME reporting system will eventually replace the files and reports currently provided to **Medi-Cal** managed care plans.

POLICY

All Medi-Cal **HCPs** must convert to the HCP FAME reporting system by July, 1999. **HCPs** will have the option to convert to FAME anytime prior to July, 1999, but **all** plans must be converted no later than July, 1999. Medical managed care plans will continue to receive the existing HCP eligibility files and reports until such time that the plan has completed necessary system changes to convert to the new FAME reporting system.

DISCUSSION

All Medi-Cal **HCPs** are requested to review the enclosed information for impact on their existing managed care systems. **HCPs** are reminded that all of their systems that support their **Medi-Cal** managed care contract must be modified as necessary to accommodate Year 2000 requirements. Within 30 days of this letter, **HCPs** must advise their contract manager, in writing, with an estimated date as to when their managed care systems will be able to convert to the new FAME reporting system and meet Year 2000 compliance. Your written

description must also identify the system changes required and the HCP's schedule for completing these changes. This will allow the Department to schedule the departmental staff necessary to assist with your testing needs.

The HCP FAME reporting system will be implemented in two phases. Phase I will consist of the generation of a month-end HCP FAME Extract File, daily FAME update records, and a FAME capitation report. Phase I is currently under development and is expected to be implemented during the early part of 1998 at which time it will only be available to dental managed care plans unless a medical HCP system has been modified to receive this new FAME data. Phase II will consist of month-end files and reports that provide beneficiary specific retroactive **enrollment** (supplemental eligibility) and disenrollment **information.** Phase II development is expected to begin soon after Phase I is implemented and file layouts will be provided when available.

Enclosed are copies of the Phase I file layouts. A summary description of each file is provided below.

A.   **Month-End HCP FAME Extract File**

This file is a monthly "replacement" file that reports **Medi-Cal** eligibility and HCP enrollment activity for the current and 12 prior months of eligibility. Depending on the volume of records, this file can be transmitted electronically or possibly via tape. Special features of this file include:

1.   Electronic Transmission of Daily Updates

Daily update records are generated when any of the data fields on the HCP FAME Extract file are changed. These records are designed as "replacement records" and should replace the respective data fields on the HCP's Management Information System (MIS). The modified data fields are not flagged on the update record; therefore, the HCP must flag the modified data fields during their MIS update process. HCP FAME update records will only be made available on a daily basis via electronic transmission.

2.   A More Consistent **Beneficiary** Identification **Key**

The Client Index Number (CIN) is a permanent identification number assigned to each MEDS record and is the most consistent and reliable beneficiary identifier on MEDS. The CIN will be reported on the HCP FAME Extract file in a separate data field. This CIN number will only change when two MEDS

records for the same Medi-Cal recipient are merged together. The CIN reported on the HCP FAME Extract file will be the CIN associated with the most recently issued Benefits Identification Card (BIC). While CIN number changes are minimal, HCP's must use secondary match keys (i.e., MEDSID, prior MEDSID, Medi-Cal case number, etc.) to link the HCP FAME, month-end or update records, to the HCP's MIS records.

3. Complete Medi-Cal History Data for Plan Members.

Managed Care Plans will receive the most recent 13 months of HCP enrollment and Medi-Cal eligibility data for each enrolled member. Enrollment in other Medi-Cal managed care plans and Medi-Cal fee-for-service eligibility under primary and secondary aid codes will be reported for each plan enrollee. However, the beneficiary's record will only appear on the HCP FAME Extract file, if the beneficiary is a plan member in the current or first prior month on MEDS.

4. "Date" Data Fields Are Year 2000 Comnatible

The "date" data fields have been expanded to include the four digit year.

5. New Data Fields

Several new data fields will appear on the HCP FAME Extract file, such as beneficiary telephone number, residence address, prior MEDSID, share-of-cost amount, etc. These fields will only contain data when the data is available on MEDS.

6. HCP Fame Trailer Record

The HCP FAME Trailer Record summarizes the total number of capitated enrollments, holds, and disenrollments that appear on the month-end HCP FAME Extract file. These totals are based upon current month data and do not reflect retroactive changes.

B. HCP FAME Canitation Summary Report

HCP enrollment totals will be reported on the FAME capitation summary report by aid codes and aid code groupings. Enrollment totals for supplemental adds (supplemental
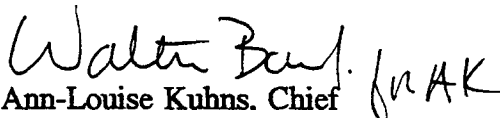
eligibility) and deletes (retroactive disenrollments) will no longer exist. The difference between the two totals will be reported within the "net change" field on this report.

If you have any questions or **comments** regarding this policy letter, please contact your contract manager.

Ann-Louise Kuhns. Chief
Medi-Cal Managed Care Division

Enclosures

DEPARTMENT OF HEALTH SERVICE - DATA SYSTEMS BRANCH

R E C O R D   L A Y O U T

FILE NAHE: HCP FAME EXTRACT

ORIGINATOR: WENDY LOUIE
SYSTEM/PROJECT: HCP0001
SOURCE PROGRAH: FAM265

Positions 001–050

SEG 01 ID	MEDS ID	CHECK DIGIT	CURRENT COUNTY ID				CLIENT INDEX NUHBER	ED I CG HK CHK	CA DL/ID NUMBER	RECIPIENT NAME LAST NAME
			CNTY CD	8 CD	SERIAL	6 PERSON				

Positions 051–100

RECIPIENT NAHE

LAST NAME	FIRST NAME	MI	BIRTHDATE YYYYMMDD	SEX	CARD ISSUE DATE YYYYMMDD	FILLER

Positions 101–150

FILLER	PRIOR MEDS ID	ALIEN CD	ETHNIC CD	HIC NUMBER	DEATH DATE YYYYMMDD	DEATH DATE POSTED TO MEDS YYYYMMDD	MEDS RENEWAL DATE YYYYMM

Positions 151–200

MEDS RENEW	LAST MODIFIED DATE YYYYMMDD	PAPER CARD ISSUE DATE YYYYMMDD	CURRENT MONTH DATA													
			SEG 10	CNTY CD	PRI IMA CRY RD	PRIMARY ESC	SPEC1 AID CD	SPEC1 ESC	SPEC2 AID CD	SPEC2 ESC	SPEC3 AID CD	SPEC3 ESC	SHARE OF COST AMOUNT	SOC CERT DAY	FILLER

MODE: BINARY • B   LABELS: STANDARD [X]   RECORD FORMAT: FIXED • F [X]   RECORD LENGTH: 1555   PROGRAMS THAT USE THIS AS:
PACKED • P   NON-STANDARD [ ]   VARIABLE-V [ ]   RECORDS PER BLOCK: D= , T=   INPUT ____
BLOCK SIZE: D= , T=   OUTPUT ____

DATE: 08/01/97

REVISION: 7

REVIEWER: WAYNE SCHLOEHER

DEPARTMENT OF HEALTH SERVICES • DATA SYSTEMS BRANCH

R E C O R D   L A Y O U T

FILE NAME: HCP FAME EXTRACT

ORIGINATOR: WENDY LOUIE

SVSTEN/PROJECT: HCP0001

SOURCE PROGRAM: FAM265

CURRENT MONTH DATA

201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250

FIRST

| OHC | MEDI-CARE CD | RESTRCID SERVICES CD | FILLER | 1ST HCP CD | 1ST HCP STAT | 2ND HCP CD | 2ND HCP STAT | 3RD HCP CD | 3RD HCP STAT | 4TH HCP CD | 4TH HCP STAT C | 5TH HCP CD | 5TH HCP STAT | REL PGM AID CD1 | RS ET LA T P1 PGM | REL PGM AID CD2 | RS ET LA T P2 PGM | REL PGM AID CD3 | RS ET LA T P3 PGM | REL PGM AID CD4 | RS ET LA T P4 PGM | S/F IND | FILLER | SEG 1 1 |

FIRST PRIOR HONTH DATA

251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300

| CNTY CD | PRIMARY AID CD | PRIMARY ESC | SPEC1 AID CD | SPEC1 ESC | SPEC2 AID CD | SPEC2 ESC | SPEC3 AID CD | SPEC3 ESC | SHARE OF COST AMOUNT | SOC CERT DAY | FILLER | OHC | MEDI-CARE CD | RESTRCID SERVICES CD | FILLER | 1ST HCP CD | 1ST HCP STAT | 2ND HCP CD | 2ND HCP STAT | 3RD C HD CP |

FIRST PRIOR MONTH DATA / SECOND PRIOR MONTH DATA

301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350

FIRST PRIOR MONTH DATA | SECOND PRIOR MONTH DATA

| 3RD HCP CD | 3RD HCP STAT | 4TH HCP CD | 4TH HCP STAT | 5TH HCP CD | 5TH HCP STAT | REL PGM AID CD1 | RS ET LA T P1 PGM | REL PGM AID CD2 | RS ET LA T P2 PGM | REL PGM AID CD3 | RS ET LA T P3 PGM | REL PGM AID CD4 | RS ET LA T P4 PGM | S/F IND | FILLER | SEG 1 2 | CNTY CD | PRIMARY AID CD | PRIMARY ESC | SPEC1 AID CD | SPEC1 ESC | SPEC2 AID CD | SPEC2 ESC | SPEC3 AID CD |

SECOND PRIOR MONTH DATA

351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	00

| SPEC3 ESC | SHARE OF COST AMOUNT | SOC CERT DAY | FILLER | OHC | MEDI-CARE CD | RESTRCID SERVICES CD | FILLER | 1ST HCP CD | 1ST HCP STAT | 2ND HCP CD | 2ND HCP STAT | 3RD HCP CD | 3RD HCP STAT | 4TH HCP CD | 4TH HCP STAT | 5TH HCP CD | 5TH HCP STAT | REL PGM AID CD1 | RS ET LA T P1 PGM | REL PGM AID CD2 |

MODE: BINARY ▪ B

PACKED ▪ P

LABELS: STANDARD [X]

NON-STANDARD [ ]

RECORD FORMAT: FIXED ▪ F [X]

VARIABLE-V [ ]

RECORD LENGTH: 1555

RECORDS PER BLOCK: D= , T=

BLOCK SIZE: D= , T =

PROGRAMS THAT USE THIS AS:

INPUT

OUTPUT

DATE : 08/01/97
REVISION: 7
REVIEWER: WAYNE SCHLOEMER

DEPARTMENT OF HEALTH SERVICES - DATA SYSTEMS BRANCH
R E C O R D   L A Y O U T

FILE NAME: HCP FAME EXTRACT

ORIGINATOR: WENDY LOUIE
SYSTEM/PROJECT: **HCP0001**
SOURCE PROGRAM: FAM265

SECOND PRIOR MONTH DATA / THIRD PRIOR MONTH DATA

401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450
SECOND PRIOR MONTH DATA										THIRD PRIOR MONTH DATA																																							

Fields: RSLATP2PGM | REL PGM AID CD3 | RSLATP3PGM | REL PGM AID CD4 | RSLATP4PGM | S/F IND | FILLER | SEG 13 | CNTY CD | PRIMARY AID CD | PRIMARY ESC | SPEC1 AID CD | SPEC1 ESC | SPEC2 AID CD | SPEC2 ESC | SPEC3 AID CD | SPEC3 ESC | SHARE OF COST AMOUNT | SOC CERT DAY | FILLER | OHC | MEDI-CARE CD | RESTRCTD SERVICES CD | FILLER

THIRD PRIOR MONTH/DATA / FOURTH PRIOR MONTH DATA

451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500
THIRD PRIOR MONTH/DATA																																								FOURTH PRIOR MONTH DATA								

Fields: FILLER | 1ST HCP CD | 1ST HCP STAT | 2ND HCP CD | 2ND HCP STAT | 3RD HCP CD | 3RD HCP STAT | 4TH HCP CD | 4TH HCP STAT | 5TH HCP CD | 5TH HCP STAT | REL PGM AID CD1 | RSLATP1PGM | REL PGM AID CD2 | RSLATP2PGM | REL PGM AID CD3 | RSLATP3PGM | REL PGM AID CD4 | RSLATP4PGM | S/F IND | FILLER | SEG 14 | CNTY CD | PRIMARY AID CD | PRIMARY ESC

FOURTH PRIOR MONTH DATA

501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	524	525	526	527	528	529	530	531	532	533	534	535	536	537	538	539	540	541	542	543	544	545	546	547	548	549	550
FOURTH PRIOR MONTH DATA																																																	

Fields: SPEC1 AID CD | SPEC1 ESC | SPEC2 AID CD | SPEC2 ESC | SPEC3 AID CD | SPEC3 ESC | SHARE OF COST AMOUNT | SOC CERT DAY | FILLER | OHC | MEDI-CARE CD | RESTRCTD SERVICES CD | FILLER | 1ST HCP CD | 1ST HCP STAT | 2ND HCP CD | 2ND HCP STAT | 3RD HCP CD | 3RD HCP STAT | 4TH HCP CD

FOURTH PRIOR MONTH DATA / FIFTH PRIOR MONTH DATA

551	552	553	554	555	556	557	558	559	560	561	562	563	564	565	566	567	568	569	570	571	572	573	574	575	576	577	578	579	580	581	582	583	584	585	586	587	588	589	590	591	592	593	594	595	596	597	598	599	600
FOURTH PRIOR MONTH DATA																						FIFTH PRIOR MONTH DATA																									

Fields: 4TH HCP STAT | 5TH HCP CD | 5TH HCP STAT | REL PGM AID CD1 | RSLATP1PGM | REL PGM AID CD2 | RSLATP2PGM | REL PGM AID CD3 | RSLATP3PGM | REL PGM AID CD4 | RSLATP4PGM | S/F IND | FILLER | SEG 15 | CNTY CD | PRIMARY AID CD | PRIMARY ESC | SPEC1 AID CD | SPEC1 ESC | SPEC2 AID CD | SPEC2 ESC | SPEC3 AID CD | SPEC3 ESC | SHARE OF COST AMOUNT

NODE: BINARY • B   LABELS: STANDARD [X]   RECORD FORMAT: FIXED - F [X]   RECORD LENGTH: 1555   PROGRAMS THAT USE THIS AS:
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   BLOCK SIZE: D- , T=   OUTPUT

DATE : **08/01/97**

REVISION: 7

REVIEWER: WAYNE SCHLOEHER

DEPARTMENT OF HEALTH SERVICEs • DATA SYSTEMS BRANCH

R E C O R D   L A Y O U T

FILE NAME: HCP FAHE EXTRACT

ORIGINATOR: WENDY LOUIE

SYSTEM/PROJECT: HCP0001

SOURCE PROGRAN: FAN265

FIFTH PRIOR HONTH DATA

601	602	603	604	605	606	607	608	609	610	611	612	613	614	615	616	617	618	619	620	621	622	623	624	625	626	627	628	629	630	631	632	633	634	635	636	637	638	639	640	641	642	643	644	645	646	647	648	649	650
SOA CH AMOUNT			SOC CERT DAY			FILLER		OHC	MEDI- CARE CD		RESTRCID SERVICES			FILLER			1ST HCP CD			1ST HCP STAT		2ND HCP CD			2ND HCP STAT		3RD HCP CD			3RD HCP STAT		4TH HCP CD			4TH HCP STAT		5TH HCP CD			5TH HCP STAT		REL PGM AID CD1	RS ET LA T P1 PGM	REL PGM AID CD2	RS ET LA T P2 PGM	REL PGM AID CD3	RS ET LA T P3 PGM	REL PGM AID CD4	RS EL A TP4 PGM

FIFTH PR .SIXTH PRIOR MONTH DATA

651	652	653	654	655	656	657	658	659	660	661	662	663	664	665	666	667	668	669	670	671	672	673	674	675	676	677	678	679	680	681	682	683	684	685	686	687	688	689	690	691	692	693	694	695	696	697	698	699	700
S/F IND	FILLER		SEG 16		CNTY CD		PRIMARY AID CD		PRIMARY ESC		SPEC1 AID CD		SPEC1 ESC		SPEC2 AID CD		SPEC2 ESC		SPEC3 AID CD		SPEC3 ESC		SHARE OF COST AMOUNT				SOC CERT DAY			FILLER		OHC	MEDI- CARE CD		RESTRCID SERVICES CD			FILLER		1ST HCP CD			1ST HCP STAT		2ND CHD CP

SIXTH PRIOR MONTH DATA / SEVENTH PRIOR,MONTH DATA

701	702	703	704	705	706	707	708	709	710	711	712	713	714	715	716	717	718	719	720	721	722	723	724	725	726	727	728	729	730	731	732	733	734	735	736	737	738	739	740	741	742	743	744	745	746	747	748	749	750
2ND HCP CD		2ND HCP STAT	3RD HCP CD		3RD HCP STAT		4TH HCP CD		4TH HCP STAT		5TH HCP CD		5TH HCP STAT		REL PGM AID CD1	RS ET LA T P1 PGM	REL PGM AID CD2	RS ET LA T P2 PGM	REL PGM AID CD3	RS ET LA T P3 PGM	REL PGM AID CD4	RS ET LA T P4 PGM	S/F IND	FILLER		SEG 17		CNTY CD		PRIMARY AID CD		PRIMARY ESC		SPEC1 AID CD		SPEC1 ESC		SPEC2 AID CD

SEVENTH PRIOR MONTH DATA

751	752	753	754	755	756	757	758	759	760	761	762	763	764	765	766	767	768	769	770	771	772	773	774	775	776	777	778	779	780	781	782	783	784	785	786	787	788	789	790	791	792	793	794	795	796	797	798	799	800
SPEC2 ESC		SPEC3 AID CD		SPEC3 ESC		SHARE OF COST AMOUNT			S	SOC CERT DAY			FILLER		OHC	MEDI- CARE CD		RESTRCID SERVICES CD			FILLER		1ST HCP CD			1ST HCP STAT		2ND HCP CD			2ND HCP STAT		3RD HCP CD			3RD HCP STAT		4TH HCP CD			4TH HCP STAT		5TH HCP CD			5TH HCP STAAT

MODE: BINARY • B   LABELS: STANDARD [X]   RECORD **FORMAT:** FIXED • F [X]   **RECORD** LENGTH: 1555   PROGRAMS THAT USE THIS AS:

PACKED • P   NON-STANDARD [ ]   VARIABLE-V [ ]   RECORDS PER BLOCK: **D=** , T=   INPUT

BLOCK SIZE: D- , T=   OUTPUT

DEPARTMENT OF HEALTH SERVICES - DATA SYSTEMS BRANCH
R E C O R D   L A Y O U T

FILE NAME: HCP FAME EXTRACT

ORIGINATOR: WENDY LOUIE
SYSTEM/PROJECT: HCP0001
SOURCE PROGRAH: FAM265

801	802	803	804	805	806	807	808	809	810	811	812	813	814	815	816	817	818	819	820	821	822	823	824	825	826	827	828	829	830	831	832	833	834	835	836	837	838	839	840	841	842	843	844	845	846	847	848	849	850
SEVENTH PRIOR MONTH DATA															EIGHTH PRIOR HONTH DATA																																		
REL PGM CD1	RSETLAT P1 GM	REL PGM CD2	RSETLAT P2 GM	REL PGM CD3	RSETLAT P3 GM	REL PGM CD3	STAT4	S/F IND	FILLER	SEG 18	CNTY CD	PRIMARY AID CD	PRIMARY ESC	SPEC1 AID CD	SPEC1 ESC	SPEC2 AID CD	SPEC2 ESC	SPEC3 AID CD	SPEC3 ESC	SHARE OF COST AMOUNT	SOC CERT DAY	FILLER	OHC	MCEADRIE-CD

851	852	853	854	855	856	857	858	859	860	861	862	863	864	865	866	867	868	869	870	871	872	873	874	875	876	877	878	879	880	881	882	883	884	885	886	887	888	889	890	891	892	893	894	895	896	897	898	899	900
EIGHTH PRIOR HONTH DATA																																														NINTH PRIOR			
MCEADRIEI-CD	RESTRCID SERVICES CD	FILLER	1ST HCP CD	1ST HCP STAT	2ND HCP CD	2ND HCP STAT	3RD HCP CD	3RD HCP STAT	4TH HCP CD	4TH HCP STAT	5TH HCP CD	5TH HCP STAT	REL PGM AID CD1	RSETLAT P1 GM	REL PGM AID CD2	RSETLAT P2 GM	REL PGM AID CD3	RSETLAT P3 GM	REL PGM AID CD4	RSETLAT P4 GM	S/F IND	FILLER	SEG 19	CNTY CD

901	902	903	904	905	906	907	908	909	910	911	912	913	914	915	916	917	918	919	920	921	922	923	924	925	926	927	928	929	930	931	932	933	934	935	936	937	938	939	940	941	942	943	944	945	946	947	948	949	950
NINTH PRIOR MONTH DATA																																																	
PRIMARY AID CD	PRIMARY ESC	SPEC1 AID CD	SPEC1 ESC	SPEC2 AID CD	SPEC2 ESC	SPEC3 AID CD	SPEC3 ESC	SHARE OF COST AMOUNT	SOC CERT DAY	FILLER	OHC	HMEDI-CARE CD	RESTRCID SERVICES CD	FILLER	1ST HCP CD	1ST HCP STAT	2ND HCP CD	2ND HCP STAT	3RD HCP CD

951	952	953	954	955	956	957	958	959	960	961	962	963	964	965	966	967	968	969	970	971	972	973	974	975	976	977	978	979	980	981	982	983	984	985	986	987	988	989	990	991	992	993	994	995	996	997	998	999	000
NINTH PRIOR HONTH DATA																											TENTH PRIOR MONTH DATA																			
3RD HCP STAT	4TH HCP CD	4TH HCP STAT	5TH HCP CD	5TH HCP STAT	REL PGM AID CD1	RSETLAT P1 GM	REL PGM AID CD2	RSETLAT P2 GM	REL PGM AID CD3	RSETLAT P3 GM	REL PGM AID CD4	RSETLAT P4 GM	S/F IND	FILLER	SEG 20	CNTY CD	PRIMARY AID CD	PRIMARY ESC	SPEC1 AID CD	SPEC1 ESC	SPEC2 AID CD	SPEC2 ESC	SPEC3 AID CD	SPEC3 ESC

HODE: BINARY - B   LABELS: STANDARD [X]   RECORD FORMAT: FIXED - F [X]   RECORD LENGTH: 1555   PROGRAHS THAT USE THIS AS;
      PACKED - P   NON-STANDARD [ ]   VARIABLE-V [ ]   RECORDS PER BLOCK: D=____ , T=   INPUT ____
                                                                                 BLOCK SIZE: D=____ , T=   OUTPUT ____

DATE : 08/01/97

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REVIEWER : WAYNE SCHLOEMER

DEPARTMENT OF HEALTH SERVICEs - DATA SYSTEHS BRANCH

R E C O R D   L A Y O U T

FILE NAHE: HCP FAHE EXTRACT

ORIGINATOR: WENDY LOUIE

SYSTEH/PROJECT: HCP0001

SOURCE PROGRAH: FAH265

Byte positions 001–050

TENTH PRIOR MONTH DATA

001	002–007	008–011	012–014	015	016–017	018–021	022	023–026	027	028–031	032	033–036	037	038–041	042	043–046	047	048	049	050
SPEC3 ESC	SHARE OF COST AMOUNT	SOC CERT DAY	FILLER	OHC	MEDI-CARE CD	RESTRCTD SERVICES CD	FILLER	1ST HCP CD	1ST HCP STAT	2ND HCP CD	2ND HCP STAT	3RD HCP CD	3RD HCP STAT	4TH HCP CD	4TH HCP STAT	5TH HCP CD	5TH HCP STAT	REL PGM AID CD1	RS ET LA T P1 GM	REL PGM AID CD2

Byte positions 051–100

TENTH PRIOR HONTH DATA / **ELEVENTH PRIOR HONTH DATA**

051	052	053	054	055	056	057	058–060	061	062	063	064–066	067–068	069	070	071	072	073	074	075	076–081	082–085	086–087	088	089–090	091	092	093–096	097	098	099	100
RS ET LA T P2 GM	RA EI LD PC GD M3	RA EI LD PC GD M3	RS FL A T P3 GM	AI D COD	STAT4	S/F IND	FILLER	SEG 21	CNTY CD	P AID CD PRIMARY	PRIMARY ESC	SPEC1 AID CD	SPEC1 ESC	SPEC2 AID CD	SPEC2 ESC	SPEC3 AID CD	SPEC3 ESC	SHARE OF COST AMOUNT	SOC CERT DAY	FILLER	OHC	MEDI-CARE CODE	RESTRCTD SERVICES CD	FILLER	1ST HCP

Byte positions 101–150

ELEVENTH PRIOR MONTH DATA / **TWELFTH PRIOR HONTH DATA**

101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150
1ST HCP	1ST HCP	2ND HCP CD	2ND HCP	3RD HCP CD	3RD HCP	4TH HCP CD	4TH HCP	5TH HCP CD	5TH HCP	REL PGM AID CD1	RS ET LA T P1 GM	REL PGM AID CD2	RS ET LA T P2 GM	REL PGM AID CD3	RS ET LA T P3 GM	REL PGM AID CD4	RS FL A T P4 GM	S/F IND	FILLER	SEG 22	CNTY CD	P AID CD PRIMARY	PRIMARY ESC	SPEC1 AID CD

Byte positions 151–200

TWELFTH PRIOR HONTH DATA

151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200
SPEC1 ESC	SPEC2 AID CD	SPEC2 ESC	SPEC3 AID CD	SPEC3 ESC	SHARE OF COST AMOUNT	SOC CERT DAY	FILLER	OHC	MEDI-CARE CD	RESTRCTD SERVICES CD	FILLER	1ST HCP CD	1ST HCP STAT	2ND HCP CD	2ND HCP STAT	3RD HCP CD	3RD HCP STAT	4TH HCP CD	4TH HCP STAT

HODE: BINARY ▪ B   PACKED ▪ P

LABELS: STANDARD [X]   NON-STANDARD [ ]

RECORD FORMAT: FIXED ▪ F [X]   VARIABLE-V [ ]

RECORD LENGTH: 1555

RECORDS PER BLOCK: D=   , T=

BLOCK SIZE: D=   , T=

PROGRAHS THAT USE THIS AS:

INPUT _____

OUTPUT _____

DEPARTHENT OF HEALTH SERVICE5 - DATA SYSTEMS BRANCH

R E C O R D   L A Y O U T

DATE : 08/01/97

REVISION: 7

REVIEWER: WAYNE SCHLOEMER

FILE NAME: HCP FAME EXTRACT

ORIGINATOR: WENDY LOUIE

SYSTEM/PROJECT: HCP0001

SOURCE PROGRAM: FAM265

Columns 201–250

5TH CD	HCP	5TH HCP STAT	REL PGM AID CD1	RSEL A T P1 GM	IREL PGM AID CD2	RSEL A T P2 GM	IREL PGM AID CD3	RSEL A T PPGM	REL PGM AID CD4	RSEL A T P4 GM	S/F IND	FILLER	*ADDR FLAG	FIRST LINE OF ADDRESS (C/O)

TWELFTH PRIOR MONTH DATA — RESIDENCE ADDRESS

Columns 251–300

FIRST LINE OF ADDRESS (C/O)	SECOND LINE OF ADDRESS	CITY/ STATE

RESIDENCE ADDRESS

Columns 301–350

CITY/STATE	**STATE	ZIP CODE	ZIP+4	ZIP DEL POINT CD	ZIPD IGHI CG KT	STREET NUMBER	PRE- DIR	STREET NAME

RESIDENCE ADDRESS

Columns 351–400

STREET NAHE	STREET SUFFIX	POST- DIR-	SECONDARY INDICATOR	SECONDARY NUMBER	CASE NAME	HOME PHONE

RESIDENCE ADDRESS

HODE: BINARY ▪ B   LABELS: STANDARD [X]   RECORD FORMAT: FIXED ▪ F [X]   RECORD LENGTH: 1555   PROGRAM THAT USE THIS AS:

   PACKED ▪ P   NON-STANDARD [ ]   VARIABLE-V [ ]   RECORDS PER BLOCK: D= , T=   INPUT _____

   BLOCK SIZE : D= , T=   OUTPUT _____

DEPARTHENT OF HEALTH SERVICES - DATA SYSTEHS BRANCH

R E C O R D   L A Y O U T

FILE NAHE: HCP FAHE EXTRACT

ORIGINATOR: WENDY LOUIE
SYSTEM/PROJECT: HCP0001
SOURCE PROGRAM: FAH265

401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450
BENE PHONE NUMBER									LANG CODE	RES CNTY		*ADDR FLAG	MAILING ADDRESS — FIRST LINE OF ADDRESS (C/O)																																				

451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500
FIRST OF	STREET NUMBER											PRE-DIR	STREET NAHE (HAILING ADDRESS)																					STREET SUFFIX			POST-DIR		SECONDARY INDICATOR			SECONDARY NUMBER							

501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	524	525	526	527	528	529	530	531	532	533	534	535	536	537	538	539	540	541	542	543	544	545	546	547	548	549	550
SEC NUM	CITY (HAILING ADDRESS)																																STATE		ZIP CODE					ZIP+4				ZIP DELIV POINT CD	ZIPD CHKT	FILLER								

551	552	553	554	555	556	557	558	559	560	561	562	563	564	565	566	567	568	569	570	571	572	573	574	575	576	577	578	579	580	581	582	583	584	585	586	587	588	589	590	591	592	593	594	595	596	597	598	599	600
FILLER						*Address Flag - Blank or "0" indicates a mailable address; greater than "0" indicates unmailable. **State - Hay be present in this field or in the City/State field or in both fields or neither.																																												

MODE: BINARY = B
    PACKED = P

LABELS: STANDARD [X]
    NON-STANDARD [ ]

RECORD FORMAT: FIXED = F [X]
    VARIABLE-V [ ]

RECORD LENGTH: 1555
RECORDS PER BLOCK: D= , T=
BLOCK SIZE: D= , T=

PROGRAHS THAT USE THIS AS:
INPUT _____
OUTPUT _____

NAME: MEDS ID

AKA: **MEDS Identification Number**

SOURCE: **MEDS**   LENGTH: 9

DEFINITION:

A nine-digit number that is the primary and unique recipient identifier used by MEDS. They recipient's SSN is used when known to the county welfare office or MEDS. If no SSN is available for **MEDS, MEDS** assigns a pseudo number beginning with the number 8 or 9 and ending with the letter **'P'.**

NAME: **MEDS** ID **CHECK** DIGIT

SOURCE: MEDS   LENGTH: 1

DEFINITION:

A math formula generated digit that is used to verify the data
entry of the MEDSID.

APPENDIX II - MEDS DATA ELEMENT DICTIONARY

DED NO. H027

MEDS NAME: **COUNTY-ID**

NARRATIVE NAME: **County** Identification Number

AKA NAMES: County Case **Number**

SOURCE: COUNT?   LENGTH: **14**

DEFINITION:

A fourteen position unique recipient **identifier** which includes:

Field Name	Length	DED NO.
COUNTY	2	0175
AID-CODE	2	0165
SERIAL	7	0206
FBU	1	0207
PERSON-NO	2	0208

VALUES:

Refer to individual data elements.

SPECIAL CONSIDERATIONS:

NAME: COUNTY

AKA: County of Responsibility

SOURCE: C O U N T Y   L E N G T H : 2

DEFINITION:

The numeric code of the county which has'responsibility for the
recipient's Medi-Cal eligibility.

VALUES :

The universal set of county codes used by the State and Counties to
identify the California county codes. Valid values 01 through 58.
See attached "COUNTY CODE NUMBERS" list for definition of values.

COUNTY CODE NUMBERS

1	Alameda	30	Orange
2	Alpine	31	Placer
3	Amador	32	Plumas
4	Butte	33	Riverside
5	Calaveras	34	sacramento
6	Colusa	35	San Bexito
7	Contra Costa	36	San Bernardino .
8	Del Norte	37	San Diego
9	El Dorado	38	San Francisco
10	Fresno	39	San Joaquin
11	Glenn	40	San Luis Obispo
12	Humboldt	41	San Mateo
13	Imperial	42	Santa Barbara
14	Inyo	43	Santa Clara
15	Kern	44	Santa Cruz
16	Kings	45	Shasta
17	Lake	46	Sierra
18	Lassen	47	Siskiyou
19	Los Angeles	48	Solano
20	Madera	49	Sonoma
21	Marin	50	Stanislaus
22	Mariposa	51	Sutter
23	Mendocino	52	Tehama
24	Merced	53	Trinity
2s	Modoc	54	Tulare
26	Mono	55	Tuolumne
27	Monterey	56	Ventura
28	Napa	57	Yolo
29	Nevada	58	Yuba

Use Code 60 *For* **All** Out-of-State Addresses

NAME: **AID CODE**

SOURCE: **COUNTY, SDX**   **LENGTH:**   2

DEFINITION:

The two-digit number that indicates the primary aid category a
Medi-Cal recipient is eligible under,

VALUES :

This is an alpha numeric field.

                    APPENDIX II - MEDS DATA ELEMENT DICTIONARY

                                                        DED NO. 0206

MEDS NAME: SERIAL

NARRATIVE NAME: Serial Number

AKA NAMES:

SOURCE: COUNTY   LENGTH: 7

DEFINITION:

This number is assigned to the case by the county from a range of
numbers supplied to the county by the state.   Along with COUNTY code
this number provides a unique identifier for the whole case.

SPECIAL CONSIDERATIONS :

SERIAL of SSI/SSP recipients consists of a '9' in the first position and
the first 6 positions of the recipients following.

For example a Social Security number of 556-01-3241 'looks like:

        SERIAL   FBU   PERSON-NO

        9556013   -   2   42

APPENDIX II - MEDS DATA ELEMENT DICTIONARY

DED NO- 0207

MEDS NAME: FBU

NARRATIVE NAME: Family Budget Unit

AKA NAMES:

SOURCE: COUNTY   LENGTH: 1

DEFINITION:

This number is assigned to each recipient as part of a unique recipient
identifier.

SPECIAL CONSIDERATIONS:

DED NO- 0208

MEDS NAME: PERSON-NO

NARRATIVE NAME: Person Number

AKA NAMES:.

SOURCE: COUNTY   LENGTH: 2

DEFINITION:

This number .is assigned to each recipient within a case as part of a
unique recipient identifier (COUNTY-ID) to distinguish an individual.

SPECIAL CONSIDERATIONS:

APPENDIX II - DATA ELEMENT DICTIONARY

DED NO. 2610

MEDS NAME: CLIENT INDEX NUMBER

NARRATIVE NAME: Client Index Number

AKA NAMES: CIN

SOURCE: daily MEDS update batch program   LENGTH: 9

DEFINITION

A permanent and unique CIN is assigned to every Health Services recipient via
the daily MEDS batch update process. The one exception being for those cases
represented by skeleton records. Once assigned, the CIN never changes. Even
when a later change is made to the MEDS-ID (from Pseudo-ID to SSN).

In addition to updating the MEDS data base, the new CIN and their corresponding
MEDS-IDs must be written to a transaction file for updating the CIN Master file.
The Client Index baster file is au IBM VSAM file with a primary index on Client
Index Number and au alternate index on HEDS-ID Number. The primary purpose of
the Client Index Number Master file is for cross-referencing these two fields.

VALUES

The Client Index Number is a nine character number. The first character is a
predefined digit   The next seven characters are a sequentially assigned number.
And the last character is a letter taken from a selected group of valid letters.
Currently, the proposed list of legal letters for the terminal character. are:

   ABCDEFGHMNSTUVWX.

USAGE CONSIDERATIONS

Counties are not required to track CINs on their systems, but whenever a BIC is
swiped through a POS device, -it is the CIN that's used to access the system,
regardless of the number appearing on the front of the card. Data on the front
of BIC will include the CIN only when a Pseudo-ID is used. Data stored on the
back magnetic strip will, in all cases, include the CIN.

SPECIAL   CONSIDERATIONS

When MEDS records are combined the Master Index file alvays points to the MEDS-ID
associated to the most current CIN. The older CTN entry becomes frozen.

NAME: CIN CHECK DIGIT

SOURCE: MEDS   LENGTH: 1

DEFINITION: .

A math formula generated digit that is used to verify the data
entry of the Client Index Number (CIN).

********FAME DATA ELEMENT DESCRIPTIONS*******

NAME: CA DL/ID NUMBER

AKA: CA DRIVER'S LICENSE OR IDENTIFICATION NUMBER

SOURCE:' N / A   LENGTH: 8

DEFINITION:

CURRENTLY NOT IN USE.

NAME: RECIPIENT NAME

SOURCE: COUNTY, SDX   LENGTH: **See below**

DEFINITION:

The recipient **name consists of three separate fields:**

FIELD NAME   **LENGTH**

Last Name   20

First Name   15

Middle Initial 1

SPECIAL CONSIDERATIONS:

When RECIPIENT NAME **is a** required **transaction** field or when any part of the name is entered on **a** transaction, the following rules **apply:**

> LAST name may not be **all spaces.** If the recipient uses only one name, it must be entered in this field.

> FIRST name may not be **all spaces.** If the recipient uses only one name, a point sign **(#)** must be entered in this field to indicate the absence of a first name,

MIDDLE INITIAL can **be a space.**

NAME: BIRTHDATE

SOURCE: STATE   LENGTH: 8

DEFINITION:

BIRTHDATE represents the recipient's date of birth or **for** unborn
recipients **(SEX=U)** the expected delivery date.

VALUES:

YYYY -   YEAR
MM   •   MONTE
DD   •   DAY

APPENDIX II - MEDS DATA ELEMENT DICTIONARY

DED NO.   0110

MEDS NAME: SEX

NARRATIVE **NAME: Sex**

AKA NAMES:

| SOURCE: C O U N T Y, SDX, MEDS   LENGTH: 1

DEFINITION:

This code identifies the sex of the recipient.

VALUES :

F   Female
M   Male
U   Unborn
| N   sex Unknown

SPECIAL CONSIDERATIONS :

| The only valid values for input by counties are 'F', •   pt. and •   U*. The value 'N'
| is set by MEDS when an SDX update has no valid sex code.

When SEX is unborn (U), the BIRTHDATE is the expected delivery date.   Medi-Cal ID
cards cannot be issued for unborn recipients.

NAME: CARD **ISSUE DATE**

SOURCE: **MEDS**   LENGTH: **8**

DEFINITION:

Represents   the **date** of the recipient's **most** recently issued beneficiaq'identification card **(BIC).**

VALUES :

YYYY - Y E A R
MM   •   MONTH
DD   •   DAY

APPENDIX11 ◦ DATA ELEMENT **DICTIONARY**

DED NO. 0515

MEDS NETWORK NAME: **PRIOR-MEDS-ID**

NARRATIVE NAME: Prior MEDS-ID

AKA NAMES: **MEDS** Identification **Number**

ᐧ SOURCE: **County**   LENGTH: 9

DEFINITION:--

After the current MEDS-ID, **prior** MEDS-ID is the most recent MEDS-ID used to
identify the recipient **on**.**MEDS.**

VALUES:

Refer to MEDS-ID.

SPECIAL CONSIDERATIONS :

If the MEDS-ID was *not originally* reported, a pseudo MEDS-ID is assigned.
If the **recipient's** valid SSN is submitted later as the new MEDS-ID, the
pseudo MEDS-ID is maintained **in prior MEDS-ID.**

NAME: ALIEN CODE

SOURCE: **SDX**   **LENGTH:**   1

DEFINITION:

This code indicates whether **the** individual is in a special alien
status category- This field is present on MEDS only when the SDX
file identifies a recipient as an alien and there is either an
alien date of residence or a date of application present on the SDX
file.   The information is used for the Refugee tracking system.

VALUES :

See 'REFUGEE/ALIEN' on MEDS QUICK REFERENCE SHEET for appropriate
values and definitions.

NAME: ETHNIC CODE

SOURCE: **COUNTY, SDX**   LENGTH: 1

DEFINITION:

This code indicates the ethnic **group the** applicant represents in the opinion of the eligibility **interviewer.**

VALUES:

See 'ETHNIC' on MEDS QUICK REFERENCE SHEET for appropriate values and definitions.

SPECIAL CONSIDERATIONS:

The code of **'8'** is generated by MEDS when an invalid code is submitted.

APPENDIX11 - DATA ELEMENT DICTIONARY

DED NO. 0810

MEDS NETWORK NAME: PART B HIC-NO

NARRATIVE **NAME:**   Health Insurance Claim Number

AKA NAMES: Railroad Number, **RRB-NO,** TITLE-II-CLAIX-NO, MC-NO

SOURCE: **County,** BENDEX, BUY-IN   LENGTH: 12

DEFINITION:

This is the claims number which the recipient is using for claiming
Medicare, Buy-In or railroad retirement benefits.

VALUES:

The HIC contains a nine-digit number plus a suffix of one to three
characters.   If the letter **'H'** appears **in the first position** of a HIC
suffix (i.e., HA, HB, **HCl),** it indicates the claimant is being paid through
.the SSA disability program.   However the **"H"** is not recorded on the tape
from Baltimore.

Some **RR** numbers'consists of a prefix of one to three characters and
six-digit number issued by the **RRB.**   Other **RR** numbers consist of a prefix of
one to three characters and the **annuitant's** Social Security number. **RR**
numbers should be reported as follows:

          CA **123456**
          A 123456789

SPECIAL   CONSIDERATIONS:

A county **may not** update this **element** after the state has bought in the
Medicare benefits **(MEDICARE =** 02 or 03) for the recipient.

NAME: DEATH DATE

SOURCE: MEDS, DHS   LENGTH: 8

DEFINITION:

This field is represents the date a recipient became deceased.
This information currently comes from one of three sources: 1) a
Medi-Cal ID Cared for an SSI/SSP recipient marked deceased and
returned to DHS by the Post Office; 2) an SDX update with a payment
status code indicating that the recipient is deceased; or 3) a
Pickle status update indicating that the recipient is deceased.
When death information comes from an SDX update, the date of death
from SDX will be in the death date field. When death information
comes from a returned ID card, the death date field will contain
the date on which the returned card information updated MEDS and
the termination date (TERM-DT) is changed to the end of the month
prior to the valid month and year of the ID Card that was changed.
When death information comes from a Pickle update, the death date
field will contain the date on which the Pickle transaction updated
MEDS.

VALUES :

YYYY -   YEAR
DD   -   DAY
MM   -   MONTH

SPECIAL CONSIDERATIONS:

MEDS uses the death information to verify that an individual has
not been reported as deceased before accepting a request to issue
and ID card.

********FAME DATA ELEMENT DESCRIPTIONS*******

NAME: **DEATH DATE POSTED TO MEDS**

SOURCE: **MEDS, DHS**   LENGTH: 8

DEFINITION: .

This field is **present when MEDS** has received information indicating
that the recipient is deceased.

VALUES :

YYYY -   Y E A R
MM   -   MONTH
DD   -   DAY

NAME: **MEDS RENEWAL DATE**

SOURCE: **MEDS**   LENGTH: 6

DEFINITION:

This date indicates which calendar month that **MEDS** current month
information is associated,

VALUES:

MM • **MONTH**
YYYY-   YEAR

SPECIAL CONSIDERATIONS:

The monthly MEDS renewal cycle turns the MEDS calendar to the next
month. The MEDS renewal *is* processed before the end of a month so
that the MEDS RENEWAL DATE is a future **month** date for the last days
of a calendar month. For example, on March 29, 1996 the MEDS
RENEWAL DATE could be 041996 (April would be the current MEDS
month) and March 1996 would be the prior March.

NAME: LAST MODIFIED DATE

SOURCE: MEDS   **LENGTH:**   8

DEFINITION: .

Indicates the last date ,a change was applied to the MEDS record of
a Medi-Cal recipient.

VALUES:

YYYY -   Y E A R
MM   •   MONTH
DD   •   DAY

NAME: PAPER CARD ISSUE DATE

SOURCE: MEDS   LENGTH: **8**

DEFINITION:

Represents the date of the recipient's most recent issued paper beneficiary identification card **(BIC).** Paper cards are generally printed **for immediate** need purposes only,

VALUES :

YYYY -   **YEAR**
MM   •   MONTH
DD   -   **DAY**

NAME: CURRENT MONTH DATA

SOURCE: MEDS   LENGTH: 80 (POSITIONS 168-248)

DEFINITION:

Recipient eligibility information that pertains to the current MEDS month reflected in the MEDS RENEWAL DATE FIELD. The :following data elements appear within this field:

FILE NAME	LENGTH	POSITION
SEG 10	2	168-169
COUNTY CODE	2	170-171
PRIMARY AID CODE	2	172-m
PRIMARY ESC	3	174-176
1ST SPECIAL AID CODE	2	177-178
1ST SPECIAL ESC	3	179-181
2ND SPECIAL AID CODE	2	182-183
2ND SPECIAL ESC	3	184186
3RD SPECIAL AID CODE	2	187-188
3RD SPECIAL. ESC	3	189-191
SOC AMOUNT	5	192-196
SOC CERT DAY	2	197-198
FILLER	2	199-200
OTHER HEALTH CODE	1	201-201
MEDICARE CODE	2	203-203
RESTRICT SERVICE CODE	3	204-206
FILLER	2	207-208
1ST HCP CODE	3	209-211
1ST HCP STATUS	2	212-213
2ND HCP CODE	3	214-216
2ND HCP STATUS	2	217-218
3RD HCP CODE	3	219-221
3RD HCP STATUS	2	222-223
4TH HCP CODE	3	224-226
4TH HCP STATUS	2	227-228
5TH HCP CODE	3	229-231
5TH HCP STATUS	2	232-233
REL PGM AID CD1	2	234235
REL PGM STAT1		236236
REL PGM AID CD2	2	237-238
REL PGM STAT2	1	239-239
REL PGM AID CD3	2	240-241
REL PGM STAT3	1	242-242
REL PGM AID CD4	2	243-244
REL PGM STAT4	1	245-245
S/F IND	1	246-246
FILLER	2	247-248

NOTE: POSITIONS 218 • 248 ARE NOT USED AT THIS TIME.

SPECIAL   CONSIDERATIONS:

The data fields in positions 168 - 248 repeat for the twelve history months prior to the current MEDS RENEWAL DATE. The data in these fields is applicable to the history month under which it is reported. The data fields that are not in use in the current month segment are not used in the history segments. The history months are defined by their relationship to the MEDS RENEWAL DATE'. The first prior segment represents the history month prior to the MEDS RENEWAL MONTH. For example, if MEDS current month is March 1996, the first prior month is February 1996; second prior month is January 1996, third prior month is December 1995, etc.

********FAME DATA ELEMENT DESCRIPTIONS*******

NAME: PRIMARY AID CODE

SOURCE: COUNTY   LENGTH: 2

DEFINITION:

Same as position #15 and 16.

NAME: PRIMARY ELIGIBILITY STATUS CODE **(ESC)**

SOURCE: **MEDS**   LENGTH: 3

DEFINITION:

A three position code which reflects **Medi-Cal** eligibility status
information in the first digit, ID card issuance status information
in the second digit, and information regarding the type of
timeliness of reporting of the eligibility status in the third
digit. This ESC field represents eligibility for the Primary Aid
Code.

VALUES :

1st DIGIT -- Medi-Cal/CMSP/Other **Eligible Status**

     See 'ELIG' on MEDS QUICK REFERENCE **SHEET** for appropriate
     values and definitions.

2nd DIGIT -- Normal/Exception Eligibility

     See 'ELIG' on MEDS QUICK REFERENCE SHEET for appropriate
     values and definitions.

3rd DIGIT -- **Timeliness/Misc.** Information

     See 'ELIG' on MEDS QUICK REFERENCE SHEET for appropriate
     values and definitions.

NAME: SPECIAL AID CODE **(1-3)**

AKA: Special Program Aid Code

SOURCE :   COUNTY   LENGTH: 2

DEFINITION:

A two digit **number** that identifies under which aid category a **Medi-**Cal recipient is eligible. This code is usually, but not always, associated with a limited scope of service or Share of Cost aid code.

NAME: SPECIAL ESC **(1-3)**

AKA: SPECIAL PROGRAM ELIGIBILITY STATUS CODE

SOURCE: **MEDS**   LENGTH: 3

DEFINITION:

A three position code which reflects Medi-Cal/CMSP/Other Eligibility- status in the first digit, Normal/Exceptional Eligibility status in the second digit, and Timeliness/Miscellaneous Information in the third digit. A separate Special ESC will be displayed for each Special Aid Code.

VALUES :

See Definition for PRIMARY ELIGIBILITY STATUS CODE.

NAME: SOC AMOUNT

AKA: Share of Cost Amount

SOURCE: COUNTY, DHS   **LENGTH:**   4

DEFINITION:

-Before certain recipients become **certified Medi-Cal** eligibles, they
are obligated to meet a share of their medical costs. This field
represents the share of cost **amount** the recipient is obligation to
meet.

*******FAME DATA ELEMENT DESCRIPTIONS*******

NAME: **CERT-DAY**

AKA: **Share of** Cost **Certification** Day

SOURCE: COUNTY, **POS NETWORK**   LENGTH: 2

DEFINITION:

This is the day of the month that recipient's share of cost amount
was **met.** This is also the **day** of the month the recipient becomes
a' certified Medi-Cal eligible.

VALUES:

DD -   Valid day in the month.

NAME: OTHER-COVERAGE

AKA: Other Health Coverage

SOURCE: COUNTY, SDX, DHS   LENGTH: 1

DEFINITION:

This code identifies a recipient's private health care coverage by a health care insurance company, a Prepaid Health Plan (PHP), or a Health Maintenance Organization (HMO). It indicates that health care services should, in most cases be covered by the private health care coverage instead of by Medi-Cal.

VALUES :

See 'OHC-OTH-COV' on MEDS QUICK REFERENCE SHEET for appropriate values and definitions.

NAME: **MEDICARE** CODE

AKA: Medicare Status

SOURCE: B U Y - I N   **LENGTH:**   2

DEFINITION:

This two digit code reflects a recipient's Medicare Part A (Inpatient) and Part B (Medical) entitlement status.

VALUES :

See 'MEDICARE' **on MEDS** QUICK REFERENCE SHEET for appropriate values and definitions.

********FAME DATA ELEMENT DESCRIPTIONS*******

NAME: RESTRICTION

AKA: Restricted Services Code

SOURCE: **COUNTY, DHS**   **LENGTH:**   3

DEFINITION:

A three position-code that reflects restrictions placed upon the
Medi-Cal services to which a recipient is entitled.

VALUES :

See 'RESTRICT' **on MEDS** QUICK REFERENCE SHEET for appropriate values
and definitions.

SBECIAL CONSIDERATIONS:

The code of **'8'** is generated by **MEDS** when an invalid code is
submitted.

NAME: Health **Care** Plan **(HCP)** CODE

SOURCE: **MEDS**   LENGTH: 3

DEFINITION:

The HCP code (also **known as** Plan Code, Project Code, or MCP code) is a three digit code that identifies the Medi-Cal managed care plan(s) in which a **recipient** has been enrolled or disenrolled, **MEDS** has the capability to enroll a recipient in up to five separate plan codes at one time.

```
********FAME DATA ELEMENT DESCRIPTIONS*******
```

NAME: Health Care Plan (HCP) STATUS

SOURCE: MEDS   LENGTH: 2

DEFINITION:

This code identifies the status of a recipient's enrollment in an
associated HCP code.

V A L U E S :

00   Requested disenrollment - No capitation paid
01   Active enrollment - Capitation paid
05   Enrollment held - Recipient on Medi-Cal hold - No capitation
      paid
09   MEDS generated disenrollment - No capitation paid
10   Requested retroactive disenrollment - Recovery required
19   MEDS generated retroactive disenrollment - Recovery required.
40   Requested disenrollment occurred before enrollment became
      effective - No capitation paid
49   MEDS generated disenrollment occurredbefore enrollment became
      effective - No capitation paid
51   Enrollment activated from hold, status - Supplemental
      capitation to be paid at end of month
55   Enrollment held - Potential HCP enrollee with Uncertified SOC
      - no capitation paid
59   Enrollment held due to change of recipient's status other than
      hold or termination of Medi-Cal eligibility (i.e. zip code -
      No capitation paid
P4   Enrollment application accepted, enrollment pending - No
      capitation paid
S0   Requested retroactive disenrollment - Recovery processed
S1   Active retroactive enrollment - Supplemental capitation paid
S9   MEDS generated retroactive disenrollment - Recovery processed

SPECIAL CONSIDERATIONS:

A 'blank' HCP status occurs after the month in which a
disenrollment has become effective. A 'blank' HCP status code
should ALWAYS be preceded by a MCP status code of '00', '09', SO',
'S9', '40', '49'.

HCP STATUS '51' is updated to 'S1' when the MEDS monthly renewal
process initiates payment of capitation. HCP STATUS '19' is
updated to 'S9' ('09' if retroactively disenrolled from '59'
status) and HCP STATUS '10' is updated to 'SO' ('00' if
retroactively disenrolled from '59' status) after the MEDS monthly
renewal process initiates the recovery process.

After two consecutive months of HCP hold status of '05' '55' or
'59', MEDS renewal terminates the HCP enrollment effective the
following month. This action will be coded with a system generated
disenrollment code '09'.

********FAME DATA ELEMENT DESCRIPTIONS*******

NAME: RECIPIENT RESIDENCE ADDRESS

SOURCE : COUNTY, SDX   LENGTH: See below

DEFINITION:

This is the recipient's address of residence. When a recipient enrolls in a managed care plan, this zip code is used to verify that the recipient lives within the managed care plans's service area. This address is also used by **MEDS** to populated the COUNTY OF RESIDENCE data field.

VALUES:

Recipient Mailing Address is described in the following data elements.

NAME	MEDS NAME	LENGTH
Care of C/O Address	ADDRESS LINE-1	38
Street Address	ADDRESS LINE-2	38
City (State may also appear in this field)	CITY/STATE	20
State	STATE	2
Zip Code	Zip Code	**5**

SPECIAL CONSIDERATIONS:

The residence address field is subject to change prior to implementation of the new FAME layout.

APPENDIX11 • DATA ELEMENT DICTIONARY

DED NO. 0225
            5225

MEDS NETWORK NAME: C A S E - N A M E

NARRATIVE NAME: Case Name

AKA NAMES: .

.SOURCE: **County**   **LENGTH:** 18

DEPINITION:

Name used by the county welfare office to identify the case of which the
recipient is amember.

VALUES :

Alphanumeric characters (A-Z and **1-9),** dashes, slashes, and apostrophes.

SPECIAL   CONSIDERATIONS:

CASE-NAME is used to sort and aid distribution of county reports.   If the
county opts to use this element for distribution, the county must assure
that usage of the element is uniform throughout the **county.**

If the county submitting transactions has opted to use CASE-NAME to sort
and distribute transaction reports, this item must be completed on every
incoming transaction or the sequence of reports is affected.

The CASE-NAME displayed on an **inquiry** and used on any reports other than
transaction reports reflects whatever was submitted on the last **EW05, EW15,
EW20, EW25,** or **EW30** that updated the most recent period of eligibility.

Unique element numbers are used on reports to designate current and pending
CASE-NAME data.   **The** data element number for current is 0225 and for
pending is 5225.

When a transaction has a future effective date, the case name on the
transaction is stored in the pending segment until Renewal, at which time
ft'is moved into the current case name field.

*******FAME DATA ELEMENT DESCRIPTIONS*******

NAME: Recipient Phone Number

SOURCE: County, SDX   LENGTH: 10

DEFINITION:

The recipient's telephone number.

NAME: LANGUAGE   CODE

SOURCE: COUNTY   LENGTH: 1

DEE'INITION:

The **recipient's** primary language.

VALUES :

See 'LANGUAGE' **on MEDS** QUICK REFERENCE SHEET for appropriate values
and definitions.

SPECIAL   CONSIDERATIONS:

The code of **'8'** is generated by MEDS when an invalid code is
submitted.

NAME: COUNTY OF RESIDENCE

SOURCE: MEDS   LENGTH: 2

DEFINITION:

The numeric code of the county in which the recipient resides.

VALUES:

The universal set of county codes used by the state and counties to
identify the California counties. Valid values are 01 through 58.
(See numeric county code values listed under the data element
description County of Responsibility).

********FAME DATA ELEMENT DESCRIPTIONS********

NAME: RECIPIENT MAILING ADDRESS

SOURCE: COUNTY, SDX   LENGTH: See below

DEFINITION:

This is the recipient's mailing address. It is used to mail the BIC card and all other Medi-Cal related materials. This data field will only be populated if it is different than the residence address.

VALUES:

Recipient Mailing Address is described in the following data elements.

NAME	MEDS NAME	LENGTH
Care of C/O Address	ADDRESS LINE-I	38
Delivery Address		
Street Number		10
Pre-directional	(i-e. North, South, etc.)	2
Street Name		20
Street Suffix		4
Post-directional	(i.e. North, South, etc.)	2
Secondary Indicator	(i.e. Apt)	4
Secondary Number		8
Last Line of Address		
City	CITY	20
State	STATE	2
Zip Code	ZIP CODE	5

SPECIAL CONSIDERATIONS:

The mailing address field is subject to change prior to implementation of the new FAME layout.

ELIG 0190

1st Digit = Medi-Cal/CMSP/Other Eligible Status 0191

0   Eligible with No Conditions (Includes Zero SOC)
1   Share of Cost to be Met by LTC Claim
2   LTC/SOC Plus Other Conditions • See #1 & #3
3   Other Conditions • Certified SOC, Restricted
    Service, Minor Consent or Partial Health Care
    Plan (HCP)
4   Full Service HCP
5   Unmet Share of Cost Obligation (Uncertified)
6   Health and Welfare Program, Other than Medi-
    Cal/ CMSP Eligible (SLMB, QDWI, & Out-of-
    State Foster Care, Unborn)
7   Hold
8   QMB Pending Part A & B Confirmation
9   Ineligible

ELIG 0190 (CONT.)

2nd Digit = Normal/Exception Eligibility   0192

0   Normal Eligible
1   Reported More than 1 Month Prior*
2   Reported 1 Month Prior*
3   Reported in Current Month*
    *1-3 Unconfirmed Immediate Need Eligible

4   Forced Eligible/Late Termination
5   Normal Eligible/Unconfirmed SOC Certification
6   Unconfirmed Immediate Need Eligible with
    Unconfirmed SOC Certification

7   Exception Eligible
8   Forced Eligible from MEDS Hold
9   Not Defined

ELIG 0190 (CONT.)

3rd Digit = Timeliness/Misc. Information   0193

1   Regular Eligible Reported Timely
2   Regular Eligible Reported Retroactively
3   3 Month Retroactive Eligible

4   Continuing Eligible Reported Timely
5   Continuing Eligible Reported Retroactively
6   Ramos/Pickle/IHSS/Other Extended Eligible

7   Aid Paid Pending Ramos/Myers
8   Hold from LTC/SOC Status
9   Ineligible or Regular Hold

ADDRESS FLAG   0305

Blank, Address Presumed Valid
0   Address to which a BIC has been Mailed
2   Undeliverable Address (Input Failed Edits)
3   Terminated Foster Care, Address Presumed
    Undeliverable
4   SSI/SSP Recipient Address Undeliverable per SSA
5   BIC Returned as Undeliverable

ALIAS/SSA-NAME-CODE   9035

0   Name and Birthdate Validated Via the SSA
    Referral Process
1   Name Reported by a County as a Social Security
    Name
2   Other Alias Name
8   Name and Birthdate Validated via a Prior
    Validation/Referral Process
9   Name and Birthdate Validated via the State/SSA
    Validation Process

DEATH-CD   2019
(SOURCE OF DEATH INFORMATION)

M Medi-Cal Eligibility Branch
P County Pickle Status Update
R Returned Card
S SSA SSI/SSP Update
V Vital Records System

ESAC   9109

0 (ZERO) County Reported SSI/SSP Eligible (EW 15)

Ongoing   Eligibility
1 New Eligible
2   Inter/Intra Program Transfer
3   Other County ID Change
4   Exception Eligibility Beyond Normal Age Limit

ESAC   9109 (CONT.)

Closed Eligibility Period
6 Eligible
7   Inter/Intra Program Transfer
8   Other County ID Change
9   Exception Eligibility Beyond Normal Age Limit

Other Status
A   Unborn
B   Hold, Questionable Eligibility
C   Hold, Possibly Deceased
D   Hold, Pending Federal Review.
F   QMB, Pending Part A Confirmation (Treated by
    MEDS like ESAC 1)
P   Pending Application (PE)
Q   Drop Pending Change
R   Release Hold

(MQR Rev. 8/96)

ETHNIC   0115

1 WHITE
2 HISPANIC
3 BLACK
4 ASIAN OR PACIFIC ISLANDER
5 ALASKAN NATIVE OR AMERICAN INDIAN
7 FILIPINO
A AMERASIAN
C CHINESE
H CAMBODIAN
J JAPANESE
K KOREAN
M SAMOAN
N ASIAN INDIAN
P HAWAIIAN
R GUAMANIAN
T LAOTIAN
V VIETNAMESE

GOVT-RESP   0125

1 County Controlled
2 Federal or State Controlled
3 Terminated from Federal Control
6 Truncated/IE/RR or Food Stamp Only
9 Frozen

HCP-REAS   1004

A Aid Code not covered
C County not covered
I Ineligible (i.e. 999)
Z Zip Code not covered

SEE "FAME DATA ELEMENT DESCRIPTION"

HCP STATUS   1019

00 Voluntary Disenrollment - No Capitation Paid
01 Active Enrollment - Capitation Paid
05 HCP Hold Due to Hold on Recipient Medi-Cal Eligibility - No Capitation paid
09 Mandatory Disenrollment - No Capitation Paid
10 Voluntary Disenrollment - Capitation - Recovery Required
19 Mandatory Disenrollment - Capitation - Recovery Required
40 Voluntary Disenrollment... Occurred Before Enrollment Became Effective
49 Mandatory Disenrollment Occurred Before Enrollment Became Effective
51 Enrollment Activated from HCP 'Hold' - Supplemental Capitation to be Paid at End of Month
59 HCP Hold Due to Change in Status Other than Hold on Medi-Cal Eligibility - No Capitation Paid (See HCP Reason)

P4 Plan Initiated Enrollment, Application Accepted
SO Voluntary Disenrollment - Capitation - Recovery Processed
S1 Active Enrollment - Supplemental Capitation Paid
S9 Mandatory Disenrollment - Capitation Recovery Processed

SPECIAL CONSIDERATION FOR HCP STATUS:
'5 1' is updated to 'S 1' when renewal initiates payment of capitation.

'10' and '19' are updated to 'SO' and 'S9' after renewal initiates recovery of capitation.

MEDS renewal retroactively terminates an HCP enrollment after two consecutive months of HCP hold, effective the first hold month.

HEALTH INSURANCE SYSTEM: Scope of Coverage

COVERAGE CODE	SERVICE
D	Dental
I	Hospital Inpatient
L	Long Term Care
M	Medical and Allied Services
O	Hospital Outpatient
P	Prescription Drugs
V	Vision Care

If coverage unknown. OHC is regarded as comprehensive - Provider must bill OHC carrier for all services

---

LANGUAGE   0120

0 AMERICAN SIGN LANGUAGE (ASL)
1 SPANISH
2 CANTONESE
3 JAPANESE
4 KOREAN
5 TAGALOG
6 OTHER NON-ENGLISH
7 ENGLISH
8 NO VALID DATA REPORTED
A OTHER SIGN LANGUAGE
B MANDARIN
C OTHER CHINESE LANGUAGES
D CAMBODIAN
E ARMENIAN
F ILACANO
G MIEN
H HMONG
I LAO
J TURKISH
K HEBREW
L FRENCH
M POLISH
N RUSSIAN
P PORTUGUESE
Q ITALIAN
R , ARABIC
s SAMOAN
T THAI
U FARSI
V VIETNAMESE

State and Federal Transactions

BINQ   Buy-In Update Request
B130   Buy-In Update Part B
BI35   Buy-In Update Part A
B160   Buy-In Exception Deletion Part B
BI65   Part A Accretion/Deletion
BR30   BRU SOC Certification for an Individual [F11]
BR50   BRU Certification over I2 Months Prior
DP30   Returned Card/Deceased
MB30   MEB Update (Also Used by County for Death Reversal/Removal) [F IO]
OC30   Modify OHC/ID Card Request (Health Insurance Section)
PEI5   Report Pregnancy Presumptive Eligibility
PH30   Modify HCP Enrollment Record
PH40   HCP Disenrollment
RB30   Returned BIC
RB3 I   Returned BIC/Deceased
SD10   SDX Recipient MEDS-ID Number Change
SD20   SDX Recipient Add/update
SS10   SSN Referral Update
SS30   SSN Validation Update
SU30   S/URS Status Change (Service Restrictions, i.e. Hospice, Restricted Doctor Visits Etc.)

MEDICARE   0849
     I st Digii = Part A (Hospital)
     2nd Digii = Part B (Medical)

0 or Blank   No Coverage
I   Paid for by Beneficiary
2   Paid for by State Buy-In
3   Free (Part A Only)
4   Paid by Other Entity (Part B Only)
5   Buy-In Reject, Eligible per Bendex
6   Buy-In Reject, Presumed Eligible
7   Presumed Eligible
8   Buy-In Reject, Not Presumed Eligible
9   Aged Alien Ineligible for Medicare

MEDS TRANSACTION CODES
County Transactions

EW05   Transfer County of Responsibility [F I]
EW10   MEDS-ID Number Change [F2]
EWI I   MEDS-ID Number Consolidation [Shift F2/F 14]
EWI5   Report Immediate Need Eligibility [F3]
EW20   Add New Client Record [F4]
EW25   Modify Whole Case [F5]
EW30   Modify Current/Future (Individual)' [F6]
EW31   Modify History/Miscellaneous (Individual) [Shift F6/F I 8]
EW34   Modify Applicant/Appeal Information
EW35   Termination or Hold Status Change (Whole Case) [F7]
EW40   Termination/Hold Status Change (Individual) [F8]
EW45   Request Replacement ID Card [F9]
EW55   SSI/SSP Modify/D Card Request [Shift F3/F I 5]
EW60   Modify Pickle Status Information
FX10   MEDS-ID Number Change (Food Stamp Only Recipient)
FX20   Add New Food Stamp Recipient Record [Shift F4/F I6]
FX30   Modify Food Stamp Record (Individual) [Shift F5/F I7]

Other Transactions

Type in obbreviotion unless PF keys listed or as indicated
ACEM   Assistance to Children'in emergency (aka: ACE)
HIAR   Health Insurance Action Request Menu
HOME   Homeless Program Main Menu
IEVS   Income and Eligibility Verification System (or use [Shift F7/F I9])
INQN   Name Inquiry Request (or use [Shift F I O/F2 I])
INQR   Inquiry Request Menu (or use [F I2])

Options within INQR
   A   Address Information
   B   Buy-In and Bendex
   F   Food Stamp
   H   Health Care Plans and Other Health Coverage
   M   Medi-Cal/CMSP - Primary
   O   Other Miscellaneous
   P   Pending/Denied Applications
   X   Title XVI - SSI/SSP
   I   Medi-Cal/CMSP - Special Program I
   2   Medi-Cal/CMSP - Special Program 2
   3   Medi-Cal/CMSP - Pending
   4   Medi-Cal/CMSP - Future Pending
   5   Medi-Cal/CMSP - Medi-Cal/CMSP - I 3- I 5 Months. Prior
INQW   Whole Case Inquiry Request (or use [Shift F I I /F23])
INWA   Request for Online Worker Alert Inquiry (or use [Shift F8/F20])
INXR   Cross Reference File Inquiry Request (or use [Shift F9/F2 I])
MENU -   Inquiry Request Menu
     Menu Inquiry Options Include
   R   INQR - Recipient Record [F I2]
   N   INQN - Name List [F22]
   W   INQW - Whole Case List [F23]
   X   INXR - Cross Reference File [F2 I]
   A   INWA - Online Worker Alerts
   I   IEVS - Income/Eligibility Verification
   S   SOCR - SOC Case Makeup
For Detailed Explanations of the Inquiry Options Listed use [F I3]
MOPI   MEDS Online POS Inquiry
SOCO   Share of Cost Obligation
SOCR   Share of Cost Case Make-up Inquiry Request

OHC - OTH -COV   1109

Pay and Chase OHC
A   Any Single Carrier
M   Two or More Carriers
X Blue Shield
Z Blue Cross

Cost Avoidance OHC
B Blue Cross
C Champus Prime
D Prudential
E   Aetna
F   Medicare HMO
G General American
H   Mutual of Omaha
I   Metropolitan Lii
J John Hancock
K Kaiser
L   Dental Only Policies
P   PHP/HMO's & EPO (Exclusive Provider Option)
Not Otherwise Specified
S Blue Shield
T   Travelers
U Connecticut General/Equicor/Cigna
V   Variable
W Great West Life
2   Provident Life and Accident
3   Principal Financial Group
4   Pacific Mutual Life
5   Alta Health Strategies
6   AARP
8   New York Life

Other OHC Related Codes
N None
O   Override (Used to Remove Cost Avoidance Codes) - Changes OHC to N

OHC - SOURCE   1129

C or Blank   County
H   Health Insurance Unit
T   Insurance Information Exchange with Carrier

OVERPAYMENT RECOVERY INDICATOR 2020
See QM Page under 'Recovery'

Blank   No Overpayment
1 AFDC Overpayment
2   Food Stamp Overpayment
3   AFDC and Food Stamp Overpayment (System Generated)

PAYMENT STATUS CODES   0625
Common SSI/SSP Payment Status Codes
See QX Page under Payment Status

CO   Current Pay
EOI   Eligible but No Payment Due (Many Times these are in LTC)
NOI   Nonpay Recipient's Countable Income Exceeds Title XVI Payment Amount and His/Her State's Payment Standard
NO2   Nonpay Recipient Is Inmate of Public Institution
NO3   Nonpay Recipient Is Outside US.
NO4   Nonpay Recipient's Nonexcludable Resources Exceed Title XVI Limitations
NIO   Failure to Comply with Approved Drug or Alcohol Treatment Plan
NII   Benefit Sanction Month because of Failure to Comply with Approved Treatment Plan
S06   Suspended Recipient's Address Unknown
S08   Suspended Representative Payee Development Pending
TOI   Terminated Death of Recipient
T30   Terminated (Manual Termination) Sort of an "Other" Category
T31   Terminated (System Generated Termination) Sort of an "Other" Category

IMPORTANT PHONE NUMBERS
NOT TO BE GIVEN OUT TO THE PUBLIC*

MEDS CONTROL DESK (DATA GUIDANCE)
☎ (916) 657-3075

Use this number if there is a problem or question concerning the printing of reports such as Worker Alerts, SAVE, IEVS, TAO MESSAGES OR MEDS BROADCAST MESSAGES.

MEDS/IEVS/PROFS/Internet HOTLINE
☎ (916) 657-1010

Use this number if there is a problem or question concerning MEDS processing. missing cards or when instructed by a MEDS error message. HOTMEDS form monitored by MEDS Hotline.

☎ (916) 657- IO IO - Use HOTMEDS form on TAO if a non-emergency.

HWDC TP HELP DESK
☎ (916) 739-7640

Use this number if there is a problem or question concerning MEDS or CDB equipment, i.e. terminal won't work, printer won't print, etc.

MEDS SECURITY COORDINATOR
(OR TECH SUPPORT NUMBERS)
☎ (916) 657-0611
☎ (916) 657-3698
☎ (916) 657-1010

Use these numbers for MEDS or TAO security or for problems with passwords, unable to signon, MEDS 4 I questions, MEDS print alignment, etc.

Note: These numbers are only to be used by the County Security Coordinator when a security issue.

HOSPICE REMOVAL
☎ (916) 657- 145 I   ASK FOR HOSPICE CLERK

FOR ALL NEWEST PHONE NUMBERS SEE TAO BULLETIN BOARD...

PICKLE

Potential Pickle Eligibles
1 st Byte - See Pickle Type
2nd Byte - See Pickle Status

PICKLETYPE   203 1
First Digit on QM Screen '*Pickle*'

Potential Pickle Eligibles
A   Potential Pickle Based on Aid Code
C   COLA Terminated SSI/SSP Eligible
M   Potential Pickle Moved into State
P   Potential Pickle Identified by County
T   Terminated SSI/SSP Recipient Also
    Receiving Title II Benefits

SSP Reduction Eligibles
QO 2.3% Beneficiaries 1993
RO 2.7% Beneficiaries 1994
SO 5.8% Beneficiaries 1992
VO 4.9% Beneficiaries 1995

Note: M and P Are County Reported, All Other Types Are MEDS Generated. A, M and P Are Removable/Can Be Changed by the County

PICKLE STATUS   2032
Second Digit on QM Screen 'Pickle'

0   No Update Received (MEDS Generated)
    (Only Records Coded with 'CO' Are Included on 503 Leads Tape. When a County Reports LTC Aid Codes or Term Reasons 01 (death) or 98 (Whereabouts Unknown), the 'CO' Stays on MEDS but the Record Goes Off the 503 Leads Tape.)

1   Potential Pickle Eligible (Also Posted by MEDS If Pickle Aid Code Reported)
    (Used with EW60 to Remove a Potential Pickle from 503 Leads and onto Pickle Tickler. Can Change C2's and C3's Back to C1.)

2   Recipient Requested Not to Be Contacted
    (Used to Remove Potential Pickle from 503 Leads and onto Pickle Tickler.)

3   Loss of Contact/Whereabouts Unknown
    (Used to Remove Potential Pickle from 503 Leads and onto Pickle Tickler.)

7   Remove Erroneously Reported Potential Pickle (Pickle Types A, M or P)

8   Immediate Need SSI/SSP Card Issued Pending SSA Eligibility Confirmation (MEDS Generated)

9   Deceased
    (Places Death Source of P and Death Date which is Filled in with the Date the Death Was Posted, Does Not Change Pickle Status)

· 503 Leads - Includes Persons Who Are Terminated from SSI/SSP During January Because of a COLA

· Pickle Tickler - Persons Who must Be Tracked for Future Pickle Eligibility

REASON-FOR-ISSUANCE   9055

Full Complement
01   Initial Card for New Eligible or Immed. Need Eligible
02   ID Card Not Received
03   Incorrect Card - Returned with both MEDI Labels Intact
04   Mutilated Card - Returned with both MEDI Labels intact

POE Only/BIC Replacement
21   Lost/Stolen/Mutilated/Incorrect or Paper Cards
22   Additional Labels Required

REFUGEE/ALIEN   2009

County Input Values

1   Indochinese Refugee
7   Other Refugee
8   Cuban/Haitian Refugee
9   Aged Alien (Medicare Ineligible Alien and Not 1, 7, or 8)
0   (Zero) Other Alien (12/95)

Federal Input Values

F   Section 203(a)(7) Alien (Other Refugee)
G   Section 203(d)(5) Alien (Parolee)
H   Silva vs. Levi Alien
I   Indochinese Alien
J   Deferred Status Alien
K   Other Legal Alien
L   Section 208, Asylum Class (Cuban-Haitian)
M   Residents of the Northern Mariana Islands
P   Pre-1948 Alien (Presumed Legal)
V   Citizenship Verification Overridden by DO (Obsoleted 9/80)

RESTRICT   1229/9129

1st and 2nd Digit - Restricted Status,
3rd Digit - Sensitive Services

Service   Restrictions
3rd Digit is limited Access or **Minor Consent**

010/011 Drug Restriction
050/051 Restricted Scheduled Drugs
110/111 Restricted M.D. Visits
120/121 Restricted M.D. Visits and Drugs
150/151 Restricted to Primary M.D. & Drugs
900/901 Hospice Services only
950/951 Transfer of Assets (LTC) Restriction

001 Limited Access Record

Minor   Consent
004 *   Sexually Transmitted Disease
005 *   Mental   Health
006   Sexual Assault
007   Drug and/or Alcohol
008   Pregnancy or Family Planning
009'   Venereal   Disease
*Must be between 12-21 years old
Note: Lowest minor consent service covers all
        services with higher numbers   •

RETRO (WAS PRE/POST CD)   9169'

Three Month Retroactive Eligibility
0 Retroactive Month(s)
1   1 st Month Prior
2   2nd Month Prior
3   3rd Month Prior
4   1 st and 2nd Months Prior
5   1 st and 3rd Months Prior
6   2nd and 3rd Months Prior
7   1 st, Second and Third Months Prior

Numbers 1 *through* 7 *Identify which Month(s)* Prior to
the Application Date *have the* Same *Eligibility* as the
Effective Month

SEX   0110

F   Female
M   Male
U   Unborn

SSN-VER   0106

0   SSN-Ver Previously Submitted to MEDS
2   SSN Application Filed at SSA District Office -
    Confirmation Received by County
3   SSN Sight Verified by County Welfare
5   SSN Not Sight Verified, SSA Referral Initiated
6   No SSN, SSA Referral Initiated
7   No Valid Input on County or MEDS
8   SSN Unattainable - Undocumented Person
9   SSN Not Reported- Pre-Adoptive Person
A   SSN Validated via SSA Referral
B   SSN Validated via SSA Referral - Birthdate
    Discrepancy   Identified
C   SSN Validated via SSA Referral - Sex Discrepancy
    Identified
D   SSN Validated via SSA Referral - Sex and Birthdate
    Discrepancy   Identified
J   SSN Validated via State Validation
K   SSN Validated via State Validation - Birthdate
    Discrepancy   Identified
L   SSN Validated via State Validation - Sex Discrepancy
    Identified
M   SSN Validated via State Validation - Sex and Birthdate
    Discrepancy   Identified
P   Previously Validated - SSN Changed by SSI/SSP
    Update or byMEB
Q   Previously Validated - Birthdate Changed Outside
    Acceptable   Range
R   Previously Validated - SSN-Ver Code Changed by
    MB30
T   Unvalidated - SSN Validated, Not Applied to MEDS
    Due to a Subsequent Birthdate Change

SSN-VER   0106 (CONT.)

U   SSA Referral Matched MEDS, Reported New
    SSN, MEDS ID Change Notice Sent to County
V   Unvalidated - SSA Referral Update Failed,
    Insufficient Matching Fields on MEDS
W   Unvalidated per SSA - Name Matched, Birthdate
    Did Not Match
X   Unvalidated per SSA - Name Matched, Birthdate
    and Sex Did Not Match

MEDS Input Values
Y   Unvalidated per SSA - Name Did Not Match,
    Birthdate and Sex Not Checked
Z   Unvalidated per SSA - SSN Not Known to SSA's
    Numident   File

Note: 7 and All Alphas Are MEDS Generated

WELFARE-PGM*   10195

MEDS Current or History

Welfare Program/s Recipient eligible for:

001   Medi-Cal without AFDC Cash Grant
003   Medi-Cal and AFDC Cash Grant
004 Food Stamps Only
005   Medi-Cal and Food Stamps
007   Medi-Cal, AFDC Cash Grant and Food Stamps

• AKA Global Program Indicator

-ERM REAS   0185

Note: * Reason Applies Only to *Medi-Cal/CMSP*
 #*Indicates* Acceptable *Edwards* Term *Reason*
 *(Will Terminate /*Prevent Establishment
 of Edwards)

#01   Discontinuance Due to Death
PO3   Discontinuance at Recipient Request
       (MC Only, AFDC/MC)
#04*   Failure to Cooperate (MC Only)
05   Increased Earnings of Father
06   Increased Earnings of Mother
07   Increased Earnings of Child
08   Increased Earnings of Stepfather
09   Other Increased Earnings in Home
17   Increased Support - Absent Parent Return
18   Increased Support - Remarriage of Parent
19   Increased Support - Absent Father
#20   Term. Medi-Cal (Allegation of Disability)
21   Increased Support - Other Outside Source
22   Increased Income from OASDI
23   Increased Income from Other Federal
       Program
24   Increased Income from Veterans Benefits
27   Increased Income - Unemployment/Disability
       Insurance
28   increased Income - Other State/Local Program
29   Increased Income - Non-Government
       Program
32   Increased Income from Any Other Source
33*   Increase in Real Property
34*   Increase in Personal Property
#35   AFDC Term, MEDS Eligibility Reported under
       Another MEDS ID by County Agency (i.e.
       Foster Care)
36   "Need" Change: law or Policy/Determination
37   Decrease in "Need"
#38   Determined Ineligible for Medi -Cal Only
39   Financial Reason Not Codes 36 or 37
40   Parent No Longer Incapacitated
#44*   Resident of a Public Institution

45   Parent Returned Home or Remarried
46   Change in Law or Agency Policy
47   No Longer Eligible Child in Home
#48*   Loss of Legal Residence
50*   Refused to Comply - Property Utilities
       Requirement
52   Refused to Participate in Gain Program
53   Refused to Seek Work in Program other than
       Gain
54   Refused to Accept Work - EDD Referral
55   Refused to Accept Work - Other Referral
56   Refused Training/Education (Not Gain)
#57   AFDC Recipient has been Transferred into the SSI
       Program
59*   Other than SO-70
60*   Refused to Provide CA7or Medi -Cal Status
       Report
61*   Refused to Provide Essential Information (Non-
       CA7)
70   Refused to Register with EDD
93   Transferred to AFDC-FG from AFDC-U
94   Transferred to AFDC-U from AFDC-FG
95   Transferred to AFDC-FC from AFDC-FG or U
96*   Transferred to Another County
97   Discontinued at Recipient Request
#98*   Whereabouts Unknown
99*   Other than 0 I -98 above

       System Generated Hold Reasons

B   Hold, Questionable Eligibility
D   Hold, Pending Federal Review
J   Hold, Rejected Eligibility Status Change
K   Hold, Questionable Eligibility, Reconcile Birthdate
     Discrepancy
L   Hold, Questionable Eligibility, Reconcile County ID
     Discrepancy
M   Hold, Possible Termination, No Record on
     Reconcile File

       System Generated Term Reasons

AA   Out of State Foster Care (Per ZipCode)
CC   CMSP Companion Without Corresponding
      Primary Eligibilii
DI   Death Reported via Returned Card
D 2   Death Reported by MEB
D 3   Death Reported by Vital Statistics
D4   Death Reported by SDX
E E   Exception Eligibles
F F   Terminated by State via a File Fix
MI   Terminated by MEB
M 2   Death Removed by MEB, No Eligibility
P P   Pregnancy/FPL/Percentage Program Expired
s s   Renewal Terminated after 2 Mos. Hold
I - r CMSP Aid Code/Non-CMSP County
v v   Pickle Presumptive Termination
WW   Renewal Terminated Current Aid Code Invalid
YY   Terminated by Meds after 4 Mos. Continuing
      Eligibility
ZZ   Terminated by MEDS after 6 Mos. Continuing
      Eligibility

	COUNTY	COUNTY PROGRAM	CMSP COUNTIES		COUNTY	COUNTY PROGRAM.	CMSP COUNTIES
01	ALAMEDA	C		32	PLUMAS	S	X
02	ALPINE*	0	X	33	RIVERSIDE	X	
03	AMADOR*	0	X	34	SACRAMENTO	C	
04	BUTTE	S	X	35	SAN BENITO*	0	X
05	cALAvERAs*	0	X	36	SAN BERNARDINO	X	
06	COLUSA	S	X	37	SAN DIEGO	C	
07	CONTRA COSTA	C		38	SAN FRANCISCO	C	
08	DEL NORTE*	0	X	39	SAN JOAQUIN	S	
09	EL DORADO*	X	X	40	SAN LUIS OBISPO	C	
10	FRESNO	C		41	SAN MATE0	C	
11	GLENN	S	x	42	SANTA BARBARA	C	
12	HUMBOLDT*	X	X	43	SANTA CLARA	C	
13	IMPERIAL*	X	X	44	SANTA CRUZ	C	
14	INYO*	0	X	4.5	SHASTA	S	X
15	KERN	S		46	SIERRA*	0	X
16	KINGS	S	X	47	SISKIYOU*	X	X
17	LAKE*	X	X	48	SOLANO	C	X
18	LASSEN	S	X	49	SONOMA	C	X
19	LOS ANGELES	X		50	STANISLAUS	C	
20	MADERA	S	X	51	SUTTER*	X	X
21	MARIN	S	X	52	TEHAMA	S	X
22	MARIPOSA*	0	X	53	TRINITY*	0	X
23	MENDOCINO	S	X	54	TULARE	C	
24	MERCED	X		55	TUOLUMNE*	0	X
25	MODOC*	0	X	56	VENTURA	X	
26	MONO*	0	X	57	YOLO	C	
27	MONTEREY*	X		58	YUBA	S	X
28	NAPA	S	X				
29	NEVADA*	C	X				
30	ORANGE	C					
31	PLACER	C					

C = CASE DATA   S = SAWS/ISAWS COUNTIES
X = OTHER BATCH   0 = ONLINE   *ISAWS Phase II

CMSP COUNTIES: COUNTIES CONTRACTED WITH THE STATE TO
PROCESS COUNTY MEDICAL PROGRAMS THRU MEDS   (CMPS Rev.8/96)

DATE : 08/04/97
REVISION:
REVIEWER: WAYNE SCHLOEMER

DEPAATHENT OF HEALTH SERVICES - DATA SYSTEMS BRANCH
R E C O R D   L A Y O U T

FILE NAME: HCP FAHE TRAILER RECORD

ORIGINATOR: WENDY LOUIE
SYSTEM/PROJECT: HCP1001
SOURCE PROGRAM: FAM265

Columns 001-050	
SEG 01 ID	HIGH VALUES ... TOTAL FAHE RECORDS ... TOTAL CAPITATED BENES

Columns 051-100	
TOTAL CAPITATED BENES	TOTAL HOLD BENES ... TOTAL DISENROLLED BENES ... TOTAL OTHER BENES ... FILLER (SPACES THRU 1555)

Columns 101-150
FILLER (SPACES THRU 1555)

Columns 151-255
FILLER (SPACES THRU 1555)

MODE: BINARY - B   PACKED - P
LABELS: STANDARD [X]   NON-STANDARD [ ]
RECORD FORMAT: FIXED - F [X]   VARIABLE - V [ ]

RECORD LENGTH: 1555
RECORDS PER BLOCK: D=   , T=
BLOCK SIZE: D=   , T=

PROGRAMS THAT USE THIS AS:
INPUT
OUTPUT FAM265

REPORT NO: RS-ho. xXX-R0OX　　　　　　　　　　　DEPARTMENT ι　.ALTH SERVICES　　　　　DRAFT　　　　PLAN CODE: XXX
RUM DATE: xx/xx/xx　　　　　　　　　　　　　FAME HEALTH CARE PLAN (HCP) CAPITATION REPORT　　　　　　　COUNTY　: XXXXXXXXXXKAX
　　　　　　　　　　　　　　　　　　　　　MONTH OF ELIGIBILITY: XXXXXXXXX 1997　　　　　　　　　　　PAGE　　: xx

GROUP/ AID CODES	CURR MONTH HAY 97	1ST PRIOR APR 97	2ND PRIOR HAR 97	3RD PRIOR FEB 97	4TH PRIOR JAN 97	5TH PRIOR DEC 96	6TH PRIOR NOV 96	7TH PRIOR OCT 96	8TH PRIOR SEP 96	9TH PRIOR AUG 96	10TH PRIOR JUL 96	11TH PRIOR JUN 96	12TH PRIOR HAY 96
GROUT' 01 (AGED)													
10	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X.XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX
14	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX
16	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX
17	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX
16	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX
GROUP 01 SUBTOTALS:	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX
NET CHANGES FROM PRIOR MOE:	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX
GROUP 02 (BLIND/DISABLED)													
20	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX
24	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX
26	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX
CROUP 02 SUBTOTALS:	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX
NET CHANGES FROM PRIOR HOE:	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX
GROUP OS (FAMILY)													
30	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	x,xxx ,XXX	X,XXX,XXX
32	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX
34	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX
3.5	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX
37	X,XXX,XXX	X,XXX,XXX	x,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX
38	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	x,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX
39	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX
40	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX
GROUP 03 SUBTOTALS:	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX
NET CHANGES FROM PRIOR HOE:	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX
GROUP 04 (CHILD)													
03	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX
04	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX
45	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX
GROUP 04 SUBTOTALS:	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,.XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX
NET CHANGES FROM PRIOR MOE:	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,.XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX
GRAND-TOTAL:	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX	X,XXX,XXX